

Findings from HSC Public Hearings



CHICAGO, SEPTEMBER 8

AURORA, SEPTEMBER 14

SPRINGFIELD, SEPTEMBER 21

Overview of HSC meetings



Hearings held in Chicago, Aurora and Springfield

- 79 individuals/organizations provided oral testimony
 - An additional 54 individuals/organizations submitted written testimony
- 200 people attended hearings
 - Representing 114 Organizations
- 23 commissioners participated

Testimony provided by



Providers/Advocates

- Substance abuse
- Mental health
- Health care
- Services for persons with disabilities
- State-operated facilities
- Immigrant services
- Emergency, transitional and supportive housing
- Senior services
- Employment and education training
- Juvenile delinquency
- Teen pregnancy and counseling
- Domestic violence
- Free Tax preparation and financial counseling

Individuals and family members who have benefited from services

Findings from testimony



- Services have been eliminated or severely reduced as a result of the budget cut, at the same time need is increasing
 - Homeless shelters have fewer beds, fewer days of operation and increased need
 - Youth programs such as delinquency interventions or teen pregnancy counseling have been cut

Findings from testimony



- Non-Medicaid eligible individuals are no longer served, especially for substance abuse services
 - E.g. beds for non-Medicaid substance abuse recovery are not available for people who cannot afford private care

Findings from testimony



- Uncertainty regarding level of service for FY'12 due to 4-month contract and unresolved budget decision
 - Organizations have notified staff that they cannot guarantee employment beyond 4-month period

Findings from testimony



- Delayed payments from the state are causing great hardship to providers
 - Agencies have reduced or eliminated staff
 - Some may not be able to sustain programs this year

Findings from testimony



- Budget cuts resulting in reducing or eliminating some services may result in higher long-term costs for services
 - Seniors who can live independently with some support may have to move to more expensive facilities
 - Untreated substance abusers likely resulting in increased costs for the healthcare and/or criminal justice system

Findings from testimony



- Loss of Federal funding match due to reduction or eliminations of programs
 - Programs that are eligible for federal grants are cut, eliminating certain federal revenue streams

Findings from testimony



- More attention needs to be given to growing needs in suburban areas and to the growth of the Latino population
 - Suburban communities lack infrastructure for services to connect with many clients in need
 - Suburban communities do not receive the same level of funding as cities per client
 - Funding for Latino population not meeting level of needs

Findings from testimony



- Need to plan and coordinate transition from state facilities to community living
 - A task force should be created with representatives of state agencies and programs affected by the transition
 - Cuts in the budgets of Centers for Independent Living (CILs) and Community Reintegration Programs (CRPs) may undermine the process

Findings from testimony



- Parents and family members of high-need developmentally disabled individuals living in state-operated facilities are concerned about the closure of these facilities and the lack of capacity of community-based services to meet the high needs of complex situations

Recommendations for Budgeting for Results



- Overall operation of commission
 - Calls for transparency and accountability
- Developing outcomes and measures
 - Many services already have outcomes and measures
 - Cautions against creating perverse incentives
 - Such incentives that cause agencies to “skim” for the easiest to serve – e.g. job training programs that serve easiest to employ, not high needs individuals
- Revenue and expense considerations
 - Need for revenue increases
 - Need to include non-Medicaid eligible client population
 - Need to find solution to fund pensions so that there is adequate funding for human services
- BFR needs to proceed cautiously so as not to further burden providers or negatively impact clients